

Fact Sheets of Effective HIV Prevention Interventions

Compiled by

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Introduction: Using the HIV Prevention Fact Sheets

The Fact Sheets in this document are summaries of science-based interventions proven to reduce risk behaviors associated with the acquisition or transmission of HIV/AIDS. All of the interventions presented here meet the Center for Disease Control's criteria of effectiveness.¹ The interventions have been effective with a variety of populations and have been delivered in individual, group, and community-level settings. They were created to assist you in the selection of an appropriate intervention for your populations.

The Fact Sheets describe the intervention, its goals and objectives, the audience, the risk behaviors of the audience, and the factors that influence behavior (FIBs), also referred to as behavioral determinants. The setting listed in the Fact Sheet is where the original intervention occurred and was evaluated. Duration is both the number and length of sessions or contacts and the overall length of the intervention. Because these interventions focus on changing behavior, the Fact Sheets also describe relevant skills acquired and practiced during the intervention. The type of intervention is individual, group, community, or an occasional combination of these levels.

The *core elements* listed emphasize the features that are responsible for the effectiveness of the intervention and should not be changed. However, experience suggests that interventions may need to be adapted to reflect the needs and capacities of local organizations. Adaptations most often occur to accommodate use of the intervention with groups different from those in the original research, to make examples, situations, and media materials culturally or gender relevant, and to lengthen, abbreviate, or consolidate sessions. These adaptations address *key characteristics* of the intervention, not the *core elements* that have to be maintained.

¹ Evidence of effectiveness is defined as an intervention that is a) a completed study, b) evaluated through research with control or comparison groups with pre- and post intervention behavioral outcome measures, c) evaluated by quantitative statistical methods, and d) found to have significantly increased safer behaviors or decreased risky behaviors.

The behavioral/social science theory is identified based on information obtained from the research article or FIBs. It is important to select interventions that address the risk behaviors and FIBs of your population.

Abbreviations for Type of Intervention

ILI..... Individual Level Intervention
GLI.....Group Level Intervention
CLI.....Community Level Intervention

Injection Drug Users

Name of Intervention	<i>Community Level HIV Intervention in Five Cities: Final Outcome Data from the CDC AIDS Community Demonstration Projects (1-2)</i>
Based on Behavioral and Social Science Theory(ies)	Social Learning Theory Stages of Change Theory
Brief Summary of Intervention	<p>The intervention aims to modify attitudes and beliefs about prevention methods among the community members by providing models of successful risk reduction strategies adopted by members of the target population. Peer volunteers from each target community are trained to carry out the intervention, drawing attention to and reinforcing identification with and acceptance of the intervention messages. The intervention features role model stories developed from the real-life experiences of local community members. These stories depict members of the target population moving from earlier to later stages of change. Stories are developed and selected so that the majority matched the predominant stages of change and beliefs about condoms and bleach observed in the population. The role model stories are featured in flyers distributed with condoms and bleach kits by the peer volunteers.</p> <p>Individuals in the intervention communities demonstrated significantly greater achievement of consistent condom use and maintenance of consistent condom use with non-main partners than individuals in the comparison communities.</p>
Clearly Defined Audience (Groups the intervention was used with)	Multiple BDTPs: IDUs, female sex partners of IDUs, non-gay identified MMS, High Risk Youth, Sex Workers, and Residents of Census Tracts with High STD Rates
What are the Goals and Objectives of Intervention	<ul style="list-style-type: none"> • To increase condom use with main and non-main partners • To increase disinfection of injecting equipment
Risk Behaviors the Intervention Focuses on	<ul style="list-style-type: none"> • Sex without condoms • Sharing unsterile injection equipment
Factors Influencing Behaviors (FIBs)/ Behavioral Determinants	<ul style="list-style-type: none"> • Self-efficacy • Intentions • Expected outcomes • Perceived susceptibility • Cultural norms

	<ul style="list-style-type: none"> • Group norms • Peer pressure • Social support • Environmental facilitators (access to condoms and bleach kits)
Other Theoretical Factors of Importance	None
Core Elements	<ul style="list-style-type: none"> • Use of printed role model stories tailored to the target group's stage of change • Delivery of materials/stories by members of the targeted at-risk community • Increased availability of condoms and bleach kits
Setting	Street settings, public sex environments, other community venues
Duration	Repeated community contacts
Provides Opportunities to Practice Relevant Skills	Participants were provided opportunity to practice relevant skills in store front settings
Type of Intervention	CLI

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Name of Intervention	<i>Turning Point</i>
Based on Behavioral and Social Science Theory(ies)	Health Belief Model AIDS Risk Reduction Model
Brief Summary of Intervention	<p>Turning Point includes two separate interventions designed to reduce the frequency and probability of injection-risk behavior among IDUs not participating in drug abuse treatment programs. There are two types of interventions. The basic intervention consists of two sessions in which participants undergo testing and counseling. A counselor-educator provides detailed information about HIV and HIV transmission and guides the participant group through activities intended to teach behavioral strategies for avoiding exposure to HIV. The second or “enhanced” intervention consists of counseling on risk reduction plus three 1-2 hour group sessions. Participants in the enhanced intervention complete the basic intervention and attend three additional sessions in which they address HIV/AIDS pathology, drug addiction, and safer sex practices. Both interventions employ videotape presentations, role-plays, hands-on demonstrations, and print materials. The enhanced intervention also employs slide presentations, self-assessment tests, and lecture/discussion.</p> <p>Both interventions increased safer needle use behaviors; participants in the enhanced intervention who reported unsafe needle practices at enrollment were significantly more likely to report safer needle practices at follow-up than similar participants in the standard intervention.</p>
Clearly Defined Audience (Groups the intervention was used with)	Injection drug users not in a treatment program

Goals and Objectives of Intervention	<p><i>Goal:</i> Increase the number and proportion of IDU who exhibit safer injecting habits.</p> <p><i>Objectives:</i></p> <ul style="list-style-type: none"> • Increased understanding of behaviors that make them susceptible to HIV • Increased understanding of the severity of HIV • Identification of barriers and education around risk reduction methods to overcome those barriers (cont'd) • Identification and education around methods to overcome relationship issues related to safer injection practices
Risk Behaviors the Intervention Focuses on	Unsafe needle practices
Factors Influencing Behaviors (FIBs)/ Behavioral Determinants	<ul style="list-style-type: none"> • Perceived susceptibility • Perceived severity • Perceived benefits • Perceived barriers • Self-efficacy
Other Theoretical Factors of Importance	None
Core Elements	<ul style="list-style-type: none"> • Individual prevention counseling and testing session • Video on risk reduction, condom use, and injection cleaning skills • Group sessions on HIV, addiction issues, safer sex and relationship issues
Setting	Not indicated
Duration	1 one-hour counseling session plus 3 x 1.5 hr group session
Provides Opportunities to Practice Relevant Skills	Group activities that teach strategies for avoiding HIV – including role-play and hands-on demonstrations
Type of Intervention	GLI (prevention counseling session used primarily for risk assessment)

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Men Who Have Sex With Men

Name of Intervention	<i>Brief Group Counseling in HIV Risk Reduction Among Homosexual Asian and Pacific Islander Men</i>
Based on Behavioral and Social Science Theory(ies)	<ul style="list-style-type: none"> • Health Belief Model • Theory of Reasoned Action • Social Learning Theory
Brief Summary of Intervention	<p>One trained intervention coordinator and one community leader facilitate this culturally specific intervention. It consists of four components:</p> <ul style="list-style-type: none"> • <i>Development of positive self-identity and social support</i> – Topic cards are used to address issues related to having dual identities,[e.g. family, coming out, religion/tradition, stereotypes, language, gossip, immigration, community, racism and homophobia, bi-phobia,] and personal strengths. • <i>Safer sex education</i> – Involves expressing both negative and positive feelings toward safer sex; providing facts about HIV transmission; and playing a safer-sex game that addresses risk with different types of partners. • <i>Eroticizing safer sex</i> – Participants write down on slip of paper a list of erotic but safe ways of touching. Each participant reads someone else's slip describing it as erotically as he can. • <i>Negotiating safer sex</i> – Negotiation skills are taught through safe-sex negotiation scenarios and role-play demonstrations. <p>This intervention resulted in a significant reduction in number of sex partners and rate of unprotected anal intercourse.</p>
Clearly Defined Audience (Groups the intervention was used with)	Asian/Pacific Islander gay and bisexual men

Goals and Objectives of Intervention	<p><i>Goal:</i> To reduce unsafe sexual behaviors among Asian and Pacific Islander men who are gay or bisexual</p> <p><i>Objectives:</i></p> <ul style="list-style-type: none"> • To develop positive self-identity and social support • To provide safer sex education • To teach the eroticisation of safer sex • To build skills for negotiating safer sex
Risk Behaviors the Intervention Focuses on	<ul style="list-style-type: none"> • Unprotected sex • Multiple partners
Factors Influencing Behaviors (FIBs)/ Behavioral Determinants	<ul style="list-style-type: none"> • Illusion of invulnerability • Self-efficacy • Self-esteem • Shame and guilt • Communication and negotiation • Cultural norms about sexuality and gender roles • Group norms • Social support
Other Theoretical Factors of Importance	None
Core Elements	<ul style="list-style-type: none"> • Having a trained intervention coordinator and one community leader facilitate intervention • Using topic cards to explore identity issues • Playing a safer-sex game that addresses risk with different types of partners • Doing safe-sex negotiation scenarios and role play demonstrations
Setting	Community-based agency
Duration	1 three-hour session

Provides Opportunities to Practice Relevant Skills	Safer-sex negotiation scenarios and role play demonstrations
Type of Intervention	GLI

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Name of Intervention	<i>The Mpowerment Project</i> (1-16)
Based on Behavioral and Social Science Theory(ies)	Empowerment Model Diffusion of Innovation Social Learning Theory
Brief Summary of Intervention	<p>This intervention is based on theories of peer influence and diffusion of innovations, which state that people are most likely to adopt new behaviors when peers that they respect describe these new behaviors favorably. A core group of young gay men designs and runs the intervention with input from a Community Advisory Board composed of “elders” from the AIDS, public health, gay and lesbian, and university communities. This engenders a personal commitment to HIV prevention, a sense of ownership of the prevention activities, and a willingness to carry out the activities. This multi-component intervention includes 2 types of formal outreach, informal outreach, peer-led small groups and a small publicity campaign. One type of formal outreach activity is directed at venues where young gay men congregate. Volunteers dressed in costumes and distribute safer sex materials. Another type of formal outreach activity takes place at the Mpowerment Center. It consists of safer-sex promotional events embedded in a series of fun social activities. Informal outreach consists of peer-initiated communications among friends about the need for safer sex. Small groups, called M-Groups, last about 3 hours and are designed to be fun and interactive. They serve as entry into the project, address safer-sex concerns and skills, and motivate participants to invite their friends. The small publicity campaign aims to reinforce the norms for safer sex and spread awareness of the Mpowerment Project.</p> <p>Men who participated in the Mpowerment Project reduced their frequency of unprotected anal intercourse significantly more than the men in the comparison community.</p>
Clearly Defined Audience (Groups the intervention was used with)	Men who have sex with men (MMS) (81% white, 4% African American, 7% Asian, 2% other race/ethnicity)

Goals and Objectives of Intervention	To reduce HIV risk behaviors
Risk Behaviors Intervention Focuses on	Unprotected anal sex
Factors Influencing Behaviors (FIBs)/ Behavioral Determinants	<ul style="list-style-type: none"> • Self-efficacy • Expected outcomes • Social support • Group norms
Other Theoretical Factors of Importance	<ul style="list-style-type: none"> • Opinion leaders • Social position • Communication channels • Social networks • Diffusion and diffusion context • Sense of community • Community organization, building, and empowerment
Core Elements	<ul style="list-style-type: none"> • Recruiting core group of young gay men to design and carry out project activities • Establishing a space where many of the project activities were held • Conducting entertaining, venue-based outreach in bars and at community events by teams of young gay men • Sponsoring social events to promote community building among young gay men • Convening peer-led, one-time discussion groups • Conducting a publicity campaign about the project in the community
Setting	Mpowerment Center and other community venues where young gay men congregate
Duration	Repeated community contacts
Provides Opportunities to Practice Relevant Skills	<ul style="list-style-type: none"> • Condom use skills • Communication skills
Type of Intervention	CLI

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Name of Intervention	<i>POL - Community AIDS/HIV Risk Reduction: The Effects of Endorsements by Popular People in Three Cities</i> (1-18)
Based on Behavioral and Social Science Theory(ies)	Diffusion of Innovation Theory Social Network Theory Social Learning Theory
Brief Summary of Intervention	<p>Bartenders at gay clubs are enlisted to nominate opinion leaders, i.e., persons who are popular with other members of the community. The intervention is delivered in two parts:</p> <p><i>Part I.</i> Popular opinion leaders receive four sessions, 90 minutes each, of HIV education and communication strategies. A male and a female co-facilitator conduct each session.</p> <p><i>Session 1:</i> Epidemiology of HIV (information on who's at risk), risk and protective behaviors, and misconceptions.</p> <p><i>Session 2:</i> Characteristics of effective health promotion messages. Facilitators describe ways to sensitize others to the threat of AIDS, stress that behavior change can prevent AIDS, use self as example, and personally endorse the benefits of change.</p> <p><i>Session 3:</i> Conversational examples of effective health promotion messages. Facilitators model conversations and opinion leader participants role-play similar conversations.</p> <p><i>Session 4:</i> Real-life conversations and problem solving. Participants report outcomes of actual conversations (see Part II). Facilitators help them plan for additional peer conversations.</p> <p><i>Part II.</i> Each opinion leader agrees to have at least 14 conversations with peers in the bars about AIDS risk reduction. Opinion leaders wear buttons with a logo that promote the project and matches posters located in the bars. Buttons are ambiguous and serve to trigger conversations.</p> <p>Men from communities that received the intervention reported a significantly greater reduction in unprotected anal intercourse than the men from the comparison communities.</p>

Clearly Defined Audience (Groups the intervention was used with)	Men who have sex with men
Goals and Objectives of Intervention	To reduce high risk behaviors
Risk Behaviors the Intervention Focuses on	Unprotected anal sex
Factors Influencing Behaviors (FIBs)/ Behavioral Determinants	<ul style="list-style-type: none"> • Self-efficacy • Expected outcomes • Perceived susceptibility • Social support • Group norms
Other Theoretical Factors of Importance	<ul style="list-style-type: none"> • Opinion leaders • Social position • Communication channels • Social networks • Diffusion and diffusion context
Core Elements	<ul style="list-style-type: none"> • Identify and enlist the support of popular opinion leaders to advocate risk reduction • Training cadres of opinion leaders to endorse risk-reduction in conversations within their own natural social networks • Supporting and reinforcing waves of opinion leaders to help reshape social norms to encourage safer sex
Setting	Gay bars in small southern towns (pop.<75,000)
Duration	Repeated contacts; Part I includes four 90-minute sessions; Part II includes at least 14 contacts per opinion leader
Provides Opportunities to Practice Relevant Skills	Role-play conversations
Type of Intervention	CLI

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Name of Intervention	<i>HIV Risk Reduction Intervention Among African-American Homosexual and Bisexual Men</i>
Based on Behavioral and Social Science Theory(ies)	AIDS Risk Reduction Model
Brief Summary of Intervention	<p>Two trained African-American homosexual male facilitators lead this culturally specific intervention. It consists of four components:</p> <ul style="list-style-type: none"> • <i>Self-identity and development of social support</i> - Participants view segments of the video 'Tongues Untied' about African-American homosexual men and then discuss their experiences associated with being members of both racial and sexual minorities and perceptions of their HIV risks as sexual minorities. • <i>AIDS risk education</i> - Participants are divided into teams to play the 'AIDS Jeopardy Game' that demonstrates their knowledge of HIV risk activities and then discuss them. During the 'Condom Games', participants examine their positive and negative emotions about low-risk activities. • <i>Assertiveness training</i> - Participants form groups of two to engage in role-plays designed to practice initiating low-risk sexual behaviors or refusing high-risk activities with a current sexual partner and with a potentially new sexual partner. • <i>Behavioral commitment</i> - Participants share strategies they have used for risk reduction and make a verbal commitment before the group to change their risk behaviors. <p>This intervention significantly reduced the frequency of unprotected anal intercourse and participants were more likely to test for HIV.</p>
Clearly Defined Audience (Groups the intervention was used with)	African-American gay and bisexual men

Goals and Objectives of Intervention	<p><i>Goal:</i> To reduce HIV high-risk sexual behavior in African-American homosexuals and bisexual men.</p> <p><i>Objectives:</i></p> <ul style="list-style-type: none"> • To reinforce self identity and develop social support • To improve knowledge of risk reduction information and effective use of condoms • To teach assertiveness for negotiating low-risk sexual behaviors • To strengthen commitment to risk reduction
Risk Behaviors the Intervention Focuses on	Unprotected anal sex
Factors Influencing Behaviors (FIBs)/Behavioral Determinants	<ul style="list-style-type: none"> • Self-efficacy • Self-esteem • Intentions • Self standards/self-identity • Shame and guilt can provoke risky behaviors • Communication and negotiation • Cultural norms about sexuality and gender roles • Group norms • Social support
Other Theoretical Factors of Importance	None
Core Elements	<ul style="list-style-type: none"> • African-American homosexual males (peer educators) facilitate the intervention • Viewing segments of the video 'Tongues Untied' about African-American homosexual men and then discuss their experiences • Play the 'AIDS Jeopardy Game' and Condom Game • Doing role-plays designed to practice initiating low-risk sexual behaviors or refusing high-risk activities • Making a verbal commitment before the group to change their risk behaviors
Setting	Community based agency
Duration	Three 3-hour sessions, one week apart

Provides Opportunities to Practice Relevant Skills	Practice negotiating low-risk sexual behaviors or refusing high-risk activities
Type of Intervention	GLI

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Female to Male Sex

Name of Intervention	<i>STD and HIV Risk in Heterosexual Adults Attending a Public STD Clinic: Evaluation of a Randomized Controlled Behavioral Risk-Reduction Intervention Trial</i>
Based on Behavioral and Social Science Theory(ies)	AIDS Risk Reduction Model
Brief Summary of Intervention	<p>High-risk heterosexual adults in an urban STD clinic participate in a skills-building intervention consisting of 4 individual, 60-minute, multi-component sessions over 4 consecutive weeks. Ethnically diverse, trained intervention counselors facilitate the sessions. Participants learn about transmission modes and prevention of HIV/AIDS, assess their personal risk, practice condom-use skills, and develop a risk-reduction plan. They also develop effective communication and self-efficacy skills.</p> <p><i>Session 1</i> includes a video, discussion of STDs, risk assessment, diagrams, and anatomical models to practice condom use.</p> <p><i>Session 2</i> includes a risk-reduction plan, vignettes, risk scenarios, communication and self-efficacy skill building, and referrals as needed.</p> <p><i>Session 3</i> reinforces and enhances session 2 skills and includes vignettes and risk scenarios.</p> <p><i>Session 4</i> is a follow-up on the risk-reduction plan and identifies sources of social support.</p> <p>In this study, the intervention did not have an impact on STD acquisition or on women in general, but men reported increased condom use and a lower number of sexual partners without condom use.</p>
Clearly Defined Audience (Groups the intervention was used with)	Multi-ethnic, male/female heterosexual adults in an urban area; intervention did not have an impact on STDs or on behavior in women

Goals and Objectives of Intervention	<p><i>Goal:</i> To decrease STDs and the number of risky sexual behaviors</p> <p><i>Objectives:</i></p> <ul style="list-style-type: none"> • To increase knowledge about the transmission and prevention of HIV/AIDS • To build effective decision-making and communication skills • To identify and modify STD/HIV-related risk factors and psychosocial antecedents
Risk Behaviors the Intervention Focuses on	Unprotected sex
Factors Influencing Behaviors (FIBs)/ Behavioral Determinants	<ul style="list-style-type: none"> • Perceived susceptibility • Self-efficacy • Intentions • Communication and negotiation skills • Cultural norms • Expected outcomes • Social support • Relationship development
Other Theoretical Factors of Importance	Intervention did not address stages of change, which authors feel might have increased effectiveness of intervention
Core Elements	<ul style="list-style-type: none"> • Face-to-face discussions with facilitators who are trained counselors and are ethnically diverse to match the demographics of the clients • Educational component focusing on STD/HIV transmission/prevention; resource materials include a video, diagrams, anatomical models, and fact sheets • Risk assessment and risk-reduction plan • Decision-making and communication skills building, including vignettes and risk scenarios to practice skills • Condom skills building • Condom distribution at each meeting
Setting	STD clinic in an urban area
Duration	4 individual, 60-minute sessions over 4 wks.

Provides Opportunities to Practice Relevant Skills	<ul style="list-style-type: none"> • Condom use skills • Discussion of risk scenarios • Refusal skills
Type of Intervention	ILI

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Name of Intervention	<i>Enhancing Motivation to Reduce the Risk of HIV Infection for Economically Disadvantaged Urban Women</i>
Based on Behavioral and Social Science Theory(ies)	Information-Motivation-Behavioral Skills Model (IMB) Social Learning Theory
Brief Summary of Intervention	<p>At risk, low-income, African-American urban women participate in a comprehensive risk reduction intervention designed to reduce HIV-related risk behaviors by enhancing motivation for behavior change. Women who are motivated to change are offered the opportunity to increase their HIV-related knowledge and sharpen interpersonal skills needed to adopt safer sexual practices. There are four 90-minute sessions with trained minority therapists. Women provide their own motivational statements, express concerns regarding their HIV risk, develop risk-reduction action plans, view videos, and learn and practice communication and negotiation skills regarding condom use and eroticizing safer sex.</p> <p><i>Session 1</i> focuses on the development of motivational statements and risk sensitization. <i>Session 2</i> focuses on women's perceptions of community problems, their HIV knowledge and personal risk situations, and preparation of risk-reduction action plans. Videotape is used in each of the first two sessions. <i>Session 3</i> introduces the pros and cons of behavior change, the development of risk-reduction plans, and skills training related to condom usage and eroticizing safer sex. <i>Session 4</i> enhances communication and interpersonal skills, using extensive role-play rehearsal and feedback.</p> <p>Results indicate that women who participated in the intervention increased their knowledge and risk awareness, strengthened their intentions to adopt safer sexual practices, communicated their intentions with their partners, reduced substance use just prior to sexual activities, and engaged in fewer acts of unprotected sex.</p>

Clearly Defined Audience (Groups the intervention was used with)	Low-income African-American (76%), urban women
Goals and Objectives of Intervention	<p><i>Goal:</i> To reduce HIV-related risk behavior</p> <p><i>Objectives:</i></p> <ul style="list-style-type: none"> • To increase HIV-related knowledge • To increase awareness of personal risk perception • To combine motivational enhancement strategies with behavioral skills training
Risk Behaviors the Intervention Focuses on	<ul style="list-style-type: none"> • Unprotected sex • Multiple sex partners • Substance use
Factors Influencing Behaviors (FIBs)/ Behavioral Determinants	<ul style="list-style-type: none"> • Perceived susceptibility • Self-efficacy • Intentions • Communication and negotiation skills • Substance use • Group norms • Cultural norms • Social support • Sense of community • Expected outcomes
Other Theoretical Factors of Importance	None
Core Elements	<ul style="list-style-type: none"> • Ethnicity-matched, trained therapists • An educational component that pertains to knowledge about HIV transmission, prevention, and the consequences of infection; state-of the-science materials (including a video) provided by the CDC and other public health resources • Behavioral-skills training includes self-management skills and sexual assertiveness training; participants are encouraged to buy and use condoms and to negotiate use with their partners; women develop action plans to reduce risk of infection; women enhance their communication and interpersonal skills; skills training also includes eroticizing safer sex • Extensive role playing and personal feedback are integral

Setting	Community-based organization
Duration	Four 90-minute sessions (interval between sessions not identified)
Provides Opportunities to Practice Relevant Skills	<ul style="list-style-type: none"> • Participants develop risk-reduction plans • Participants practice communication and negotiation skills in role play situations • Participants practice skills related to condom use and eroticizing safer sex
Type of Intervention	GLI (8-13 participants)

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Name of Intervention	<i>The SISTA Project</i>
Based on Behavioral and Social Science Theory(ies)	Social Cognitive Theory (Social Learning Theory) Theory of Gender and Power
Brief Summary of Intervention	<p>The Social Cognitive Theory and Theory of Gender and Power were used as models to guide the development of this social skills intervention. The intervention consists of five weekly 2-hour group sessions led by trained African-American peer educators. Each session has a specific topic and planned activities for modeling and assessing skills.</p> <p><i>Session 1</i> addresses the topic of gender and ethnic pride. Participants discuss the positive attributes of being an African-American woman.</p> <p><i>Session 2:</i> The young women consider their personal responsibility for sexual decision-making. They watch an HIV- prevention video and then discuss it.</p> <p><i>Session 3</i> provides sexual assertiveness and communication training. Role-playing exercises are used to practice managing risky sexual situations.</p> <p><i>Session 4:</i> Women learn and practice the proper use of condoms and concentrate on building skills and changing social norms for proper condom use.</p> <p><i>Session 5</i> deals with cognitive coping skills, and participants develop skills such as sexual self-control.</p> <p>Women who participated in this intervention were significantly more likely than women in the comparison group to report consistent condom use with their partners, negotiating condom use, and not having sex when a condom was not available.</p>
Clearly Defined Audience (Groups the intervention was used with)	Low-income African-American urban women; 18-29 years of age

Goals and Objectives of Intervention	<i>Goal:</i> To increase consistent condom use <i>Objectives:</i> <ul style="list-style-type: none"> • To emphasize ethnic and gender pride • To provide the social skills necessary to negotiate condom use
Risk Behaviors the Intervention Focuses on	<ul style="list-style-type: none"> • Unprotected sex
Factors Influencing Behaviors (FIBs)/ Behavioral Determinants	<ul style="list-style-type: none"> • Self-efficacy • Self-esteem • Relationship development • Interpersonal power dynamics • Communication and negotiation skills • Peer pressure • Group norms • Cultural norms • Social support
Other Theoretical Factors of Importance	None
Core Elements	<ul style="list-style-type: none"> • Gender and culture specific role-playing and skills building exercises that aim to enhance communication skills, condom use skills, and self-efficacy • Weighing pros and cons • Addressing cultural norms (attitudes and beliefs within the culture) • Power dynamics between men and women
Setting	Community center
Duration	Five weekly 2-hour sessions
Provides Opportunities to Practice Relevant Skills	<ul style="list-style-type: none"> • Role-play activities • Condom use skills • Sexual self-control skills
Type of Intervention	GLI

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Name of Intervention	<i>Culturally Tailored HIV/AIDS Risk-Reduction Messages Targeted to African-American Urban Women: Impact on Risk Sensitization and Risk Reduction</i>
Based on Behavioral and Social Science Theory(ies)	Stages of Change
Brief Summary of Intervention	<p>Small groups of African-American urban women view a 20-minute video on HIV prevention. The video is ethnicity-gender matched to the viewers and is framed in a context specifically intended to increase cultural relevance with respect to cultural pride, community concern, and family responsibility. The women in the video are young adults, and they dress and speak casually. There is also footage of African-American families. The video stresses the importance of risk avoidance in the context of remaining healthy to protect one's future children from AIDS. Other segments stress the adverse effects of AIDS and links behavior change to pride in one's ethnic background and community.</p> <p>Women who participated in this study were more likely to view AIDS as a personal threat and to report behaviors that were consistent with increased perceived threat during follow up. They were more likely to request condoms, to talk with their friends about AIDS, and to get tested for HIV than women who viewed a standard HIV prevention tape or a tape that was gender-ethnicity matched but without a cultural context. Participants also reacted to the video with more fear, anxiety, and concern than participants in the other groups.</p>
Clearly Defined Audience (Groups the intervention was used with)	Urban African-American women
Goals and Objectives of Intervention	<p>Goals: To promote HIV-antibody testing and condom use</p> <p>Objectives:</p> <ul style="list-style-type: none"> • To increase awareness of personal risk • To encourage communication about AIDS with partners and friends

Risk Behaviors the Intervention Focuses on	Unprotected sex
Factors Influencing Behaviors (FIBs)/ Behavioral Determinants	<ul style="list-style-type: none"> • Perceived susceptibility • Environmental facilitators (access to condoms) • Peer pressure • Group norms • Cultural norms • Substance abuse • Self-esteem • Sense of community
Other Theoretical Factors of Importance	None
Core Elements	A 20-minute video on HIV/AIDS related to sex and drug use behavior; video stresses 3 culturally relevant values of cultural pride, community concern, and family responsibility
Setting	Community-based family resource center
Duration	1 20-minute video
Provides Opportunities to Practice Relevant Skills	No
Type of Intervention	GLI (small groups of 6-10 participants)

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Name of Intervention	<i>Context Framing to Enhance HIV-Antibody-Testing Messages Targeted to African-American Women</i>
Based on Behavioral and Social Science Theory(ies)	Prospect Theory
Brief Summary of Intervention	<p>African-American urban women view a 25-minute video promoting HIV testing. The video is gender-ethnicity matched to the viewers in a culturally relevant context that emphasizes the personal losses of not getting tested. There are two segments with HIV infected women in which the women relate how their lives have changed for the better as a result of knowing their HIV status.</p> <p>Among women who expressed intentions of getting tested after viewing the video, 63% of those viewing the video emphasizing personal losses got tested compared to 23% who viewed a gender-ethnicity matched video and 0% who viewed an ethnicity-matched video. Approximately 71% of women who viewed the message-framing video talked with their partners about getting tested. The video had no effect on reported condom use.</p>
Clearly Defined Audience (Groups the intervention was used with)	Urban African-American women
Goals and Objectives of Intervention	<p>Goal: To promote HIV-antibody testing</p> <p>Objectives:</p> <ul style="list-style-type: none"> • To increase awareness of personal risk • To encourage communication about condom use and AIDS with partners and friends
Risk Behaviors the Intervention Focuses on	<ul style="list-style-type: none"> • Not getting tested • Unprotected sex
Factors Influencing Behaviors (FIBs)/ Behavioral Determinants	<ul style="list-style-type: none"> • Perceived susceptibility • Perceived severity • Peer pressure • Substance use • Intentions • Group norms • Cultural norms

Other Theoretical Factors of Importance	None
Core Elements	A 25-minute video promoting HIV testing; the video is gender-ethnicity matched within a culturally relevant context and emphasizes potential personal losses associated with not getting tested
Setting	Urban women's health and reproductive care clinic
Duration	1 25-minute video
Provides Opportunities to Practice Relevant Skills	No
Type of Intervention	GLI (Groups of 2-5)

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Name of Intervention	<i>Project RESPECT: Efficacy of Risk-reduction Counseling to Prevent HIV and STDs (1-11)</i>
Based on Behavioral and Social Science Theory(ies)	Theory of Reasoned Action Social Learning Theory
Brief Summary of Intervention	<p>Sessions are interactive and designed to change factors that could facilitate condom use, such as self-efficacy, attitudes, and perceived norms. Staff, trained to conduct HIV counseling, deliver the intervention.</p> <p>The Enhanced Counseling intervention consists of 4 sessions, a total of 200 minutes, and is completed in 3-4 weeks.</p> <p><i>Session 1:</i> Assesses personal risk, identifies barriers to risk reduction, and negotiates a small risk-reduction step achievable in the next week.</p> <p><i>Session 2:</i> Explores condom use attitudes, discusses prior week's behavior change successes and barriers, and devises a strategy for taking a risk reduction step before the next session.</p> <p><i>Session 3:</i> Builds condom use self-efficacy, discusses prior week's behavioral goal and barriers and facilitators to condom use, and devises a strategy for taking another risk-reduction step.</p> <p><i>Session 4:</i> Explores social norms and support for condom use, discusses prior week's behavioral goal successes and barriers, and devises a long-term strategy for consistent condom use.</p> <p>The Brief Counseling intervention consists of 2 sessions, a total of 40 minutes, and is completed in 7-10 days. It is based on the HIV Prevention Counseling recommended by CDC for use with HIV testing since 1993. <i>Session 1:</i> Identical to Session 1 above. <i>Session 2:</i> Receives HIV test results, discusses changes, support for changes made, and barriers and facilitators to change, and develops a long-term plan for risk reduction.</p> <p>Participants in both counseling interventions reported significantly higher condom use compared with participants in the comparison condition. Of the counseling participants, 30% fewer had new STDs compared with participants in the didactic message</p>

	condition. In the counseling interventions, benefits accrued equally to men and women, and STD reduction was higher among adolescents than older participants.
Clearly Defined Audience (Groups the intervention was used with)	HIV negative males and females aged 14 and older attending inner-city STD clinics (57% male, 43% female; 59% African American, 19% Hispanic, 19% white, 6% from other racial/ethnic groups)
Goals and Objectives of Intervention	To reduce high risk behaviors and prevent new STDs
Risk Behaviors the Intervention Focuses on	Sex without condoms
Factors Influencing Behaviors (FIBs)/ Behavioral Determinants	<ul style="list-style-type: none"> • Attitudes • Group norms • Intentions • Self-efficacy • Expected outcomes • Perceived susceptibility
Other Theoretical Factors of Importance	None
Core Elements	<p>Addressing Perceived Susceptibility, Attitudes and Norms:</p> <p>Individualized counseling sessions are designed to:</p> <ul style="list-style-type: none"> ♦ Assess personal risk ♦ Explore participants attitudes and subjective norms about risk behaviors and risk reduction <p>Addressing Intentions and Self Efficacy:</p> <p>Individualized counseling sessions are designed to:</p> <ul style="list-style-type: none"> ♦ Explore participants' sense of self-efficacy and intentions about risk reduction steps. ♦ Help participants strategize about specific risk reduction steps that participants felt they could achieve before the next counseling session. This incremental approach towards risk reduction steps was also designed to enhance participants' sense of self-efficacy about risk reduction. ♦ Help participants identify long-term intentions for risk reduction and devise long-term strategies for consistent condom use.
Setting	STD clinics
Duration	Enhanced counseling intervention was 4 sessions long, with the first session lasting 20 minutes and the next 3 sessions lasting 60 minutes each

Provides Opportunities to Practice Relevant Skills	The enhanced counseling intervention provided opportunities to practice relevant skills
Type of Intervention	ILI (prevention counseling)

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Name of Intervention	<i>Real Aids Prevention Project (RAPP): A Community Level HIV Prevention Intervention for Inner-city Women</i> (1-13)
Based on Behavioral and Social Science Theory(ies)	Stages of Change Social Learning Theory
Brief Summary of Intervention	<p>The intervention aims to modify attitudes and beliefs about prevention methods among the community women by providing models of successful risk reduction strategies adopted by members of the target population. The intervention includes 3 components: a media campaign, outreach, and community mobilization. The media campaign includes frequent distribution of flyers, brochures, posters, and newsletters that tell “role model” stories based on the lives of women in the local community, contain HIV prevention material and referral sources, and furnish other information related to women’s physical, social, and economic well-being. The role model stories present readable and realistic accounts of women in different degrees of readiness to use condoms (i.e., stage-based stories) with either main or non-main partners, how they overcome barriers or learn from experience about the need to use condoms, and how they progress to more consistent condom use. Media pieces are distributed hand-to-hand or are left at drop sites in businesses, agencies, and meeting places throughout the target communities. Stage-based outreach is implemented by women from the communities who are either paid a stipend or employed by the project. Outreach is usually one-on-one but is sometimes delivered to groups. The purpose of these interpersonal contacts is to present HIV information and referrals, encourage and reinforce behavior change, and distribute condoms and role model stories. Community mobilization entails the recruitment of small businesses, neighborhood organizations, and agencies to donate services or products and to function as sites for distributing role-model stories and displaying posters and other visual materials.</p>

	Women in the intervention communities reported a greater increase in consistent condom use with non-main partners than women in the comparison communities.
Clearly Defined Audience (Groups the intervention was used with)	Sexually active, low income women of reproductive age living in inner cities (73% African American, 20% white, 7% from other racial/ethnic groups)
Goals and Objectives of Intervention	To increase condom use with main and non-main partners
Risk Behaviors the Intervention Focuses on	Sex without condoms
Factors Influencing Behaviors (FIBs)/ Behavioral Determinants	<ul style="list-style-type: none"> • Perceived susceptibility • Self-efficacy • Expected outcomes • Intentions • Communication and negotiation skills • Cultural norms • Group norms • Peer pressure • Social support
Other Theoretical Factors of Importance	None
Core Elements	<ul style="list-style-type: none"> • Conducting community outreach using peer volunteers • Peers having one-on-one discussions about safer sex, based on client's stage of readiness to change • Using printed role model stories about community members decisions about safer sex • Soliciting program support from community organizations and businesses • Sponsoring small-group activities, such as safer-sex parties and presentations
Setting	Street settings, community agencies, businesses, residential complexes, and other community settings
Duration	Repeated community contacts

Provides Opportunities to Practice Relevant Skills	Small group activities, such as safer sex parties provided opportunities to practice relevant skills
Type of Intervention	CLI

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Name of Intervention	<i>Nosotras Viviremos</i>
Based on Behavioral and Social Science Theory(ies)	Social Learning Theory Diffusion of Innovation Social Network Theory
Brief Summary of Intervention	<p><i>Session 1:</i> The participant is introduced to the program and participates in an activity to get to know the other participants. In the second part of the first session, "our bodies," she and the other participants will discuss reproductive health issues. (This program requires a sensitive facilitator who can help her discuss these issues comfortably.)</p> <p><i>Session 2:</i> The participant is introduced to and practices communication skills.</p> <p><i>Session 3:</i> All participants engage in a consciousness raising discussion focusing upon HIV/AIDS risk among farmworking women, followed by a unit on understanding the facts about HIV/AIDS and other STDs.</p> <p><i>Session 4:</i> Participants work on skills development with an emphasis on young women.</p>
Clearly Defined Audience (Groups the intervention was used with)	Latina farmworkers
Goals and Objectives of Intervention	<p><i>Goal:</i> To increase cognitive and behavioral skills related to STDs, HIV, and the female reproductive health system</p> <p><i>Objectives:</i></p> <ul style="list-style-type: none"> • To increase knowledge of HIV/STD transmission and prevention • To improve communication skills • To increase condom use among sexually active participants
Risk Behaviors the Intervention Focuses on	Unprotected sex
Factors Influencing Behaviors (FIBs)/ Behavioral Determinants	<ul style="list-style-type: none"> • Self-efficacy • Self-esteem • Expected outcomes • Perceived susceptibility • Social support • Cultural norms about sexuality and gender roles • Communication and negotiation skills • Interpersonal power dynamics • Environmental barriers or facilitators

Other Theoretical Factors of Importance	<ul style="list-style-type: none"> • Diffusion • Diffusion context • Communication channels
Core Elements	<p>Culture and gender specific, bilingual curriculum designed to address the following needs of Latina farmworking women:</p> <ul style="list-style-type: none"> • Information on HIV/STDs and how to prevent them with opportunities to discuss reproductive health, sex, sexuality, and culture • Information, stories, and role playing exercises designed to build participants sense of self-esteem and self-efficacy re: communication, negotiation and refusal skills • Opportunities to acknowledge and discuss how sexual abuse and domestic violence impact participants' ability to effectively and consistently take risk reduction steps • Opportunities to develop social support networks and identify environmental barriers and facilitators
Setting	Varies
Duration	4 sessions, 2-3 hours each
Provides Opportunities to Practice Relevant Skills	<ul style="list-style-type: none"> • Condom use skills • Communication and negotiation skills
Type of Intervention	GLI

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Name of Intervention	<i>Project LIGHT</i>
Based on Behavioral and Social Science Theory(ies)	Social Learning Theory
Brief Summary of Intervention	<p>Three activities shape most of the sessions:</p> <ul style="list-style-type: none"> • Participants view a videotape of HIV-infected persons of ethnicity, age and risk status similar to that of the participants. • Situational and personal triggers of high-risk act are identified by reviewing personal histories of risky encounters. • Each participant makes a written contract of commitment, agreeing to shift their risk behaviors to reduce HIV transmission. <p><i>Session 1</i> establishes the program's goals and establishes the tone, style, and routine for all later sessions. To achieve the transfer of knowledge and skills acquired in the group to the participants' daily routines, group members set goals to accomplish before the next session that furthers their personal risk-reduction plans. <i>Session 2</i> and each session thereafter begins with goal review and ends with goal setting. <i>Session 3</i> focuses on problem-solving activities to help participants establish personal risk-reduction goals and facilitators help participants to identify personal reinforcers. Self-reward strategies are modeled by facilitators and then practiced by participants. <i>Session 4</i> focuses on the appropriate and correct use of condoms. Condom use is demonstrated by facilitators and practiced by all participants. <i>Session 5</i> helps participants apply problem-solving solutions in specific anticipated social encounters and the concept of assertiveness in high-risk situations is introduced in a culturally appropriate way. Each person practices skills based on her or his experience and comfort level. <i>Session 6</i> further solidifies the negotiation skills taught in session 5 by presenting more challenging situations to participants and identifying negotiation messages likely to prevent adverse partner reactions.</p>

	<p><i>Session 7</i> focuses on the maintenance of safer sex acts. Ongoing rewards for HIV prevention, such as enjoying safer sex and feeling positive about oneself for being a prevention leader, are identified and implemented in this final session.</p> <p>This intervention significantly reduced unprotected intercourse and also significantly increased condom use and increased the percent reporting consistent condom use or abstinence. Intervention participants reported significantly fewer STD symptoms at follow-up, for male STD patients in particular, and the overall population had fewer diagnosed STDs at follow-up.</p>
Clearly Defined Audience (Groups the intervention was used with)	Inner-city STD clients
Goals and Objectives of Intervention	<p><i>Goal:</i> To reduce HIV-related sexual risk behavior among low-income women and men served in STD clinics and health service organizations.</p> <p><i>Objectives:</i></p> <ul style="list-style-type: none"> • To acquire new knowledge and risk reduction skills • To rehearse new behavior patterns • To build group norms to support safer sex efforts • To practice new behaviors with a social group of persons with similar life experiences and social demographic backgrounds
Risk Behaviors the Intervention Focuses on	Unprotected sex
Factors Influencing Behaviors (FIBs)/ Behavioral Determinants	<ul style="list-style-type: none"> • Perceived susceptibility • Self-efficacy • Intentions • Expected outcomes • Communication and negotiation • Relationship development
Other Theoretical Factors of Importance	None
Core Elements	<ul style="list-style-type: none"> • Intervention groups are composed separately of male or female participants and are co-led by a trained male and a

	<p>female facilitator with previous group experience.</p> <ul style="list-style-type: none"> • Doing a personalized risk assessment • Skills building for goal-setting, condom use, assertiveness, negotiation, and refusal skills • Viewing video of HIV + peers, modeling, role-play • Writing contract of commitment, agreeing to shift their risk behaviors to reduce HIV transmission
Setting	STD clinic
Duration	Seven 90-120 minute sessions over 3 weeks
Provides Opportunities to Practice Relevant Skills	Condom placement Negotiating safer sexual activities
Type of Intervention	GLI

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Name of Intervention	<i>VOICES/VOCES: Video Opportunities for Innovative Condom Education and Safer Sex</i> (1-14)
Based on Behavioral and Social Science Theory(ies)	Social Learning Theory Theory of Reasoned Action
Brief Summary of Intervention	<p>All participants receive STD prevention information, individual counseling, free condoms, and a coupon for condoms as part of their clinic visit for diagnostic and treatment services. The video-based intervention consists of a 60-minute session in which participants view a 20-minute culturally sensitive video and engage in a facilitated interactive group discussion. The intervention is delivered to small groups of 3 to 8 men in STD clinics. A trained STD counselor leads the discussions. One video, "Let's Do Something Different," is designed for African Americans and another, "<i>Porque Si</i>," is developed for Hispanics/Latinos. Both videos provide accurate risk information and correct any misinformation, portray positive attitudes about condom use, and model gender- and culturally-specific strategies for encouraging condom use. Interactive discussions follow the videos aiming to reinforce the STD and HIV prevention messages. Participants address problems they experience when trying to use condoms and discuss strategies to increase condom use. Participants are offered a selection of free condoms at the clinic and a coupon for free condoms at an area pharmacy.</p> <p>Men who participated in the intervention had a significantly lower rate of new STD infection than men in the comparison condition.</p>
Clearly Defined Audience (Groups the intervention was used with)	Adult males attending STD clinics (62% African American, 32% Hispanic)
Goals and Objectives of Intervention	To reduce STD infections by increasing condom use
Risk Behaviors the Intervention Focuses on	Sex without condoms
Factors Influencing Behaviors (FIBs)/ Behavioral Determinants	<ul style="list-style-type: none"> • Self-efficacy • Expected outcomes • Attitudes • Group norms

	<ul style="list-style-type: none"> • Intentions (cont'd) • Communication and negotiation skills • Environmental facilitators (access to condoms)
Other Theoretical Factors of Importance	None
Core Elements	<ul style="list-style-type: none"> • Viewing culturally specific videos portraying condom negotiation • Conducting skills building to overcome barriers to condom use • Educating about types of condoms and their features • Distributing samples of condoms specified by participants as best meeting their needs
Setting	STD clinics
Duration	Single session
Provides Opportunities to Practice Relevant Skills	Small group skills-building session to work on overcoming barriers to condom use
Type of Intervention	GLI

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Name of Intervention	<i>A Randomized, Controlled Trial of a Behavioral Intervention to Prevent Sexually Transmitted Disease Among Minority Women</i>
Based on Behavioral and Social Science Theory(ies)	AIDS Risk Reduction Model Health Belief Model Diffusion of Innovation
Brief Summary of Intervention	<p>The behavioral-cognitive intervention consists of three small group, multicomponent sessions, each lasting three to four hours. Five or 6 (range, 3 to 12) participants and a female facilitator, all of the same race or ethnic group, meet once a week for three consecutive weeks. Trained facilitators provide information and actively involve participants in lively and open discussions, games, videotape watching, behavior modeling, and role-play. Learning is personalized. Graphic materials designed for low-literacy populations communicate difficult concepts such as the disproportion in the distribution of sexually acquired disease and the role of a sex partner's other partners in disease transmission. Facilitators do not impose their values; they encourage realistic risk-reduction strategies within the constraints of their clients' own lives and values. Preventive strategies discussed included abstinence, mutual monogamy, correct and consistent use of condoms, full compliance with medical treatment, and reduction in the number of partners. Sessions are standardized with scripts and flip charts.</p> <p>This intervention decreases the rates of chlamydial and gonorrheal infection among Mexican-American and African-American women at high risk for sexually transmitted diseases.</p>
Clearly Defined Audience (Groups the intervention was used with)	African American and Hispanic Women attending public health clinics
Goals and Objectives of Intervention	To reduce rates of STD infection by reducing high risk behaviors
Risk Behaviors the Intervention Focuses on	<ul style="list-style-type: none"> • Unprotected sex • Multiple partners
Factors Influencing Behaviors (FIBs)/ Behavioral Determinants	<ul style="list-style-type: none"> • Perceived susceptibility • Perceived severity • Self-efficacy • Self-esteem

	<ul style="list-style-type: none"> • Expected outcomes • Intentions • Communication and negotiation skills • Cultural norms about sexuality and gender roles • Interpersonal power dynamics • Peer pressure • Social support
Other Theoretical Factors of Importance	Stages of behavior adoption and maintenance (labeling, commitment, enactment, maintenance), diffusion, diffusion context, and communication channels)
Core Elements	<p>Multi-component sessions led by a trained female facilitator from the same race/ethnic group as the participants.</p> <p><i>Session 1:</i> Recognition of risk with culture and sex specific information and interactive discussion designed to educate participants about STDs and their transmission; correct misinformation; and enhance awareness of personal risk.</p> <p><i>Session 2:</i> Commitment to change using culture and sex specific information and interactive discussion designed to educate participants about prevention of STDs; enhance communication skills; develop skills for condom use and eroticizing condom use; discuss barriers to condom use, including low self-esteem, cultural norms, and interpersonal power dynamics, and strategies for overcoming these barriers</p> <p><i>Session 3:</i> Acquisition of skills using culture and sex specific information and interactive discussion and role playing designed to: enhance skills in eroticizing condom use; increase self-efficacy in communication about condom use; identify triggers for unsafe sex; set goals; and develop social support networks for risk reduction.</p>
Setting	Public health clinics
Duration	Three sessions lasting 3-4 hours each

Provides Opportunities to Practice Relevant Skills	Small group sessions provided participants opportunities to practice skills in condom use and eroticizing condom use, and communication and negotiation skills
Type of Intervention	GLI

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Youth

Name of Intervention	<i>AIDS Risk Reduction Education and Skills Training (ARREST) Program</i>
Based on Behavioral and Social Science Theory(ies)	<ul style="list-style-type: none"> • Health Belief Model • Social Learning Theory
Brief Summary of Intervention	<p>Each training session begins with a 30-minute discussion to review the material discussed during the previous session, addresses participants' questions, and discusses the take-home exercise assigned during the previous session. The remaining 60 minutes focuses on the specific topic of the session (e.g., information about HIV transmission and prevention, proper use of and how to buy condoms, how to negotiate prevention and risk-reduction and resist peer pressure). The trainers provide instruction and modeling, and facilitate skills-building exercises through role-play and group discussion. At the end of each session, a new take-home exercise is assigned to encourage practice of the skills targeted during that session.</p> <p>This intervention resulted in a significant change in AIDS attitudes and increases in risk reduction skills and perceived risk for intervention participants.</p>
Clearly Defined Audience (Groups the intervention was used with)	Urban African American and Latino adolescents ages 12-16
Goals and Objectives of Intervention	<p>Goal: To increase HIV prevention knowledge and behavioral skills among adolescents</p> <p>Objectives:</p> <ul style="list-style-type: none"> • To provide HIV prevention information • To improve ability to make decisions • To increase the assertiveness and communication skills required for effective prevention and risk reduction
Risk Behaviors the Intervention Focuses on	Risk-related sexual and drug-use behaviors
Factors Influencing Behaviors (FIBs)/ Behavioral Determinants	<ul style="list-style-type: none"> • Illusion of invulnerability • Self-efficacy • Communication and negotiation skills • Relationship development

Other Theoretical Factors of Importance	None
Core Elements	<ul style="list-style-type: none"> • Providing instruction and modeling skills-building exercises through role-play and group discussion. • Discussing and doing skills building exercises in small groups • Instructing on how to properly use and purchase condoms • Training on decision-making, communication, and assertiveness skills • Identifying own risk-related behaviors and setting goals for future prevention and risk reduction • Doing take-home exercises assigned to encourage practice of the skills targeted during each session
Setting	Community based agency
Duration	Three 90-minute intervention sessions
Provides Opportunities to Practice Relevant Skills	Skills building exercises for decision-making, communication, refusal and assertiveness skills and proper condom use
Type of Intervention	GLI

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Name of Intervention	<i>Cognitive and Behavioral Adaptations to HIV/AIDS among Gay and Bisexual Adolescents</i>
Based on Behavioral and Social Science Theory(ies)	Social Learning Theory
Brief Summary of Intervention	<p>Predominantly gay male youth participate in a cognitive and behavioral-based intervention designed to reduce sexual risk-taking behavior and drug use associated with sexual situations. There are individual as well as group-level activities. The program begins with an initial two-hour interview for individualized HIV/AIDS risk assessment and risk-reduction counseling. Youth then participate in a 90-minute interactive peer education program designed to provide factual information about HIV transmission, testing, and the adverse effects of substance use on risk reduction. Behavioral components include avoidance of substance use in sexual situations, communication with sexual partners and friends, risk-reduction strategies, and consistent condom use. The peer education program is provided in an atmosphere of mutual support. The program's lessons are reinforced in an educational video. Optional peer support groups meet weekly. Finally, there is a one-hour follow-up visit for reassessment and referrals to medical and social services, as needed.</p> <p>Outcomes were a decrease in unprotected anal sex, an increase in more frequent condom use, and a reduction in substance abuse.</p>
Clearly Defined Audience (Groups the intervention was used with)	Gay (91%)/Bisexual (9%) male youth; age 13-21 (avg. age 19); 75% White, 14% African American
Goals and Objectives of Intervention	<p>Goal: To decrease high-risk sexual behavior, including unprotected sex associated with drug use</p> <p>Objectives:</p> <ul style="list-style-type: none"> • To increase knowledge about HIV/AIDS • To teach communication and refusal skills • To promote consistent condom use • To promote HIV testing and counseling

	<ul style="list-style-type: none"> • To teach the adverse effect of alcohol and drug use on risk reduction
Risk Behaviors the Intervention Focuses on	<ul style="list-style-type: none"> • Unprotected sex • Substance abuse in sexual situations
Factors Influencing Behaviors (FIBs)/ Behavioral Determinants	<ul style="list-style-type: none"> • Perceived susceptibility • Self-efficacy • Outcome expectancies • Social norms • Peer pressure • Social support • Communication and negotiation skills • Relationship development • Substance abuse
Other Theoretical Factors of Importance	None
Core Elements	<ul style="list-style-type: none"> • Individualized HIV risk assessment and risk-reduction counseling • Interactive peer education program; includes demonstration of condom use, educational videotape, and group exercises • Follow-up visit for reassessment and referrals • Optional weekly peer support groups
Setting	Professional settings (not identified)
Duration	Repeated contacts
Provides Opportunities to Practice Relevant Skills	<ul style="list-style-type: none"> • Condom skills • Drug risk-reduction skills • Communication and negotiation skills
Type of Intervention	ILI, GLI

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Name of Intervention	<i>Efficacy of a Preventive Intervention for Youths Living with HIV (Teens Linked to Care: “Stay Healthy” and “Act Safe”)</i>
Based on Behavioral and Social Science Theory(ies)	Social Action Model
Brief Summary of Intervention	<p>HIV-infected youths aged 13 to 24 years participate in a 2-module intervention designed to increase positive health behaviors and reduce transmission of HIV. Both modules are delivered in a small-group format and are facilitated by trained individuals. The first module, “Stay Healthy”, focuses on coping with learning one’s serostatus, implementing new daily routines to stay healthy, issues of disclosure, and participating in healthcare decisions. There are 12 sessions in the first module, which covers a three-month period. Module 2, “Act Safe”, aims to reduce substance use and unprotected sexual acts. Throughout these 11 sessions, youth identify their risk behavior triggers, modify their patterns of substance use, and increase self-efficacy skills. Module 2 is also delivered over a three-month period.</p> <p>The “Stay Healthy” module resulted in increased social support coping styles for both males and females. Females also changed their active coping styles. Youth who participated in the “Act Safe” module reported 82% fewer unprotected sexual acts, 45% fewer sexual partners, 50% fewer HIV negative sexual partners, and 31% less substance use than those in the control group.</p>
Clearly Defined Audience (Groups the intervention was used with)	HIV infected youth; aged 13-24 years (avg. age 20); 27% African-American, 37% Latino; 72% male; 88% gay/bisexual
Goals and Objectives of Intervention	<p>Goal: To reduce HIV transmission behaviors of HIV positive youth</p> <p>Objectives:</p> <ul style="list-style-type: none"> • To increase the positive health behaviors of youths with HIV • To enhance altruistic motivations to reduce transmission acts

Risk Behaviors the Intervention Focuses on	<ul style="list-style-type: none"> • Unprotected sexual acts • Multiple partners • Substance abuse in sexual situations
Factors Influencing Behaviors (FIBs)/ Behavioral Determinants	<ul style="list-style-type: none"> • Self-efficacy • Substance abuse • Communication and negotiation skills • Positive and negative moods
Other Theoretical Factors of Importance	None
Core Elements	<p>An online manual with a complete description of this intervention is available at:</p> <p>http://chipts.ucla.edu</p>
Setting	Adolescent clinical care sites
Duration	23 sessions of 2 hours each over 6 months (Module 1 = 12 sessions; Module 2 = 11 sessions)
Provides Opportunities to Practice Relevant Skills	<ul style="list-style-type: none"> • Condom use • Negotiation skills • Coping skills • Self-efficacy skills
Type of Intervention	GLI

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Name of Intervention	<i>StreetSmart: Reductions in HIV Risk Among Runaway Youth</i> (1-23)
Based on Behavioral and Social Science Theory(ies)	Social Learning Theory
Brief Summary of Intervention	<p>This intervention, uses small groups (a) as practice and role-play opportunities, (b) to mobilize and reinforce positive behaviors, and (c) to maintain support networks. The intervention consists of 10 group sessions on a rotating basis, 3 times per week, repeated every 4 to 6 weeks, and one individual counseling session. Sessions are led by trained counselors in shelters for runaway youth. The intervention has four primary components:</p> <ol style="list-style-type: none"> 1. <i>HIV-related knowledge.</i> Activities include video and art workshops where youth develop soap opera dramatizations, public service announcements, commercials, and raps about HIV prevention, and they review and discuss commercial HIV/AIDS prevention videos. 2. <i>Social skills.</i> Training on assertiveness and coping skills, include use of a “feeling thermometer,” are employed to develop skills for use in HIV-risk situations. 3. <i>Access to resources.</i> Participants visit a community-based comprehensive health and mental health center. 4. <i>Personalized beliefs, attitudes and norms.</i> Participants have a private counseling session during which they can assess individual barriers to practicing safer sex and discuss their own attitudes and behavior patterns. Dysfunctional attitudes and behavior patterns are targeted. Incentives include food and \$1 for carrying condoms and arriving to the program on time. <p>Adolescents who participated in the intervention reduced both the number of unprotected sexual acts and their substance use significantly more than adolescents in the comparison shelters.</p>
Clearly Defined Audience (Groups the intervention was used with)	Runaway youth

Goals and Objectives of Intervention	To reduce sexual and drug-related high risk behaviors
Risk Behaviors the Intervention Focuses on	<ul style="list-style-type: none"> • Unprotected sex (sex without male or female condoms) • Substance use
Factors Influencing Behaviors (FIBs)/ Behavioral Determinants	<ul style="list-style-type: none"> • Perceived susceptibility • Self-efficacy • Expected outcomes • Sexual arousal • Drug-induced arousal • Group norms • Peer pressure • Social support • Communication and negotiation skills • Environmental facilitators
Other Theoretical Factors of Importance	None
Core Elements	<ul style="list-style-type: none"> • Teaching HIV/AIDS risk hierarchy and its application to oneself • Building skills in problem solving, personal assertiveness, and HIV/AIDS harm reduction • Enhancing affective and cognitive awareness, expression, and control • Using peer support to train in recognizing triggers for personal risk
Setting	Shelters for runaway youth
Duration	<ul style="list-style-type: none"> • Eight 2 hour group sessions • One individual session • One group visit to a community health center

Provides Opportunities to Practice Relevant Skills	<ul style="list-style-type: none"> • Condom use skills • Role playing to develop communication and negotiation skills
Type of Intervention	GLI

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Name of Intervention	<i>Factors Mediating Changes in Sexual HIV Risk Behaviors among Gay and Bisexual Male Adolescents</i>
Based on Behavioral and Social Science Theory(ies)	Social Learning Theory
Summary of Intervention	<p>This intervention is based on programs that have been successful in changing sexual risk behaviors in adult gay men, runaway youth, and adolescents who engage in other types of risky, non-sexual behavior. The program is intensive and includes components with demonstrated effectiveness in social skills training, behavioral self-management, and group and social support from peers. It also addresses youths' needs for comprehensive care.</p> <p>The 20-session intervention rotates in a 3-week sequence, with youths joining the sessions at various points, as they choose (youth attended an average of 11 sessions in this study). The sessions are typically conducted 2 or 3 days per week and last from 90 to 120 minutes each. A small group format is preferred.</p> <p>The HIV intervention activities address five main components: 1) facts about HIV are communicated in artistic venues; 2) coping skills training addresses youths' unrealistic expectations regarding their emotional and behavioral responses in high-risk situations; 3) access to health care and other resources is addressed through a visit to a health care agency; 4) individual barriers to safer sex are reviewed in a private counseling session; and 5) prejudice against gay youth and positive attitudes toward homosexuality are addressed as potential mediators of safer sex attitudes.</p> <p>Youth who participated in this intervention reported a 60% increase in protected sexual acts, with the highest number of protected acts occurring immediately following the intervention. Assessments were also conducted at 3, 6, and 12 months. In general, there were significant reductions in unprotected sex and the number</p>

	of partners. African-American youth maintained their reductions over the one-year period, whereas Hispanic youth returned to baseline levels at the one-year mark.
Clearly Defined Audience (Groups the intervention was used with)	Gay youth males; ages 14-19; 51% Hispanic, 31% African American; most effective in African-American youth
Goals and Objectives of Intervention	<p><i>Goal:</i> To reduce the occurrence of unprotected sex among gay adolescent males</p> <p><i>Objectives:</i></p> <ul style="list-style-type: none"> • To provide training in social skills and behavioral self-management • To identify and provide group and social support from peers • To address youths' need for comprehensive health care
Risk Behaviors the Intervention Focuses on	<ul style="list-style-type: none"> • Unprotected sex • Multiple partners
Factors Influencing Behaviors (FIBs)/ Behavioral Determinants	<ul style="list-style-type: none"> • Misconceptions about how HIV is spread • Self-efficacy • Expected outcomes • Communication and negotiation skills • Peer pressure • Group norms
Other Theoretical Factors of Importance	None
Core Elements	<ul style="list-style-type: none"> • Coping skills training • Knowledge about HIV and individual barriers to safer sex; presented through art and a video presentation • Awareness of youths' access to health care and other resources; provided through a visit to a health care agency • Discussion of prejudice and positive attitudes toward homosexuality
Setting	Community-based agency for gay youth
Duration	20 sessions (90-120 minutes) available over 3 weeks; youth attend different number of sessions, as they choose

Provides Opportunities to Practice Relevant Skills	<ul style="list-style-type: none"> • Coping-skills training (social skills) • Behavioral self-management skills
Type of Intervention	ILI, GLI

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Name of Intervention	<i>Comparison of Education versus Behavioral Skills Training Interventions in Lowering Sexual HIV-Risk Behavior of Substance-Dependent Adolescents</i>
Based on Behavioral and Social Science Theory(ies)	<ul style="list-style-type: none"> • Social Learning Theory • Theory of Reasoned Action
Brief Summary of What Happens During Intervention	<p>Substance-dependent adolescents participate in a six-session intervention over six weeks to reduce their risk of HIV infection and transmission. This is a cognitive-behavioral intervention designed to equip youth with the interpersonal and technical skills necessary to lower their risk. The intervention includes HIV education, training and rehearsal in correct condom use, problem solving, and self-management strategies. The groups are divided by gender, and racial and gender-matched leaders conduct the sessions.</p> <p><i>Session 1:</i> Focuses on risk reduction. <i>Session 2:</i> Participants learn about correct condom use and then practice and demonstrate correct use on penile models. <i>Session 3:</i> Youth view a film that focuses on issues relevant to partner negotiation and communication. They practice initiating conversations with their partners and refusing coercive advances. <i>Session 4:</i> Emphasizes problem solving and self-management skills. Youth identify high-risk situations and practice alternative ways to manage them in the future. They also develop contracts to make changes and identify peer models from within the group.</p> <p>Outcomes of this intervention were increases in perceived risk, positive attitudes toward condoms and prevention, self-efficacy, and interpersonal skills. There were decreases in sexual risk behaviors (exchanging sex for money or drugs, causal sex, and sex with high-risk partners) and the occurrence of STDs.</p>

Clearly Defined Audience (Groups the intervention was used with)	Adolescents (avg. age 15.6); 74% male; 84% white
Goals and Objectives of Intervention	<p><i>Goal:</i> To lower risk of HIV infection and transmission</p> <p><i>Objectives:</i></p> <ul style="list-style-type: none"> • To increase self-efficacy skills • To increase interpersonal skills
Risk behaviors the Intervention Focuses on	<ul style="list-style-type: none"> • Unprotected sex • Multiple partners • Substance abuse
Factors Influencing Behaviors (FIBs)/ Behavioral Determinants	<ul style="list-style-type: none"> • Perceived susceptibility • Attitudes • Intentions • Self-efficacy • Outcome expectancies • Interpersonal dynamics • Substance abuse
Other Theoretical Factors of Importance	None
Core Elements	<ul style="list-style-type: none"> • HIV-risk education using an interactive game format • Role plays of situations involving coercion • Skills training in correct condom use • Training in assertion, partner negotiation, and communication skills; video "Are you with me?" places these skills in context • Problem solving and self-management skills training, including public commitment to change affirmations
Setting	Substance abuse clinic (residential)
Duration	Six 90-minute sessions over 6 weeks

Provides Opportunities to Practice Relevant Skills	<ul style="list-style-type: none"> • Condom use skills • Communication skills • Problem solving skills • Self-management strategies
Type of Intervention	GLI (separated by gender)

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Chronic Mentally Ill

Name of Intervention	<i>Brief Behavioral Skills Intervention to Prevent HIV Infection Among Chronic Mentally Ill Adults</i>
Based on Behavioral and Social Science Theory(ies)	Cognitive-behavioral and skills instruction model
Brief Summary of Intervention	<p>Two experienced HIV risk reduction group leaders who are the same sex as the group facilitate the interventions.</p> <p><i>Session 1:</i> Uses the film “AIDS: What Everyone Needs to Know,” presentations, and discussions to review information about HIV transmission and risk behaviors. Participants are given an assignment to identify personal cues or triggers that lead to sexual risk-producing situations.</p> <p><i>Session 2:</i> Focuses on developing skills related to HIV risk reduction. Participants discuss personal risk behaviors and cues that they identified in the past week’s homework. Methods of effectively cleaning drug injection equipment are discussed. Proper condom use is demonstrated and practiced and group leaders role-play effective responses to potentially risk-producing problems. Participants are given an assignment to implement one or more steps toward their personally identified behavior goals.</p> <p><i>Session 3:</i> Increases skills for resisting a partner’s coercion to engage in sexual intercourse without a condom and increases comfort in discussing safer sex with a sexual partner before engaging in sexual activity. Basic components of interpersonal assertiveness, refusal to engage in risk-related sexual behaviors, and negotiating safer sexual activities are modeled by group leaders and practiced by participants. Participants again practice condom placement and discuss successes and difficulties encountered in working toward their goals.</p> <p><i>Session 4:</i> Consists of a comprehensive review of the material skills covered in the previous three sessions. Repetition and reinforcement of</p>

	<p>skills are emphasized. Participants review their individual behavior goals and generate additional strategies for initiating and maintaining risk reduction.</p> <p>This intervention increased risk knowledge and behavior change intentions; reduced unprotected sex; and increased condom use.</p>
Clearly Defined Audience (Groups the intervention was used with)	Chronic mentally ill adults
Goals and Objectives of Intervention	<p><i>Goal:</i> Prevent HIV infection among chronic mentally ill adults living in an inner-city area</p> <p><i>Objectives:</i></p> <ul style="list-style-type: none"> • To emphasize risk education • To increase sexual assertiveness • To emphasize condom use and build condom use skills • To improve risk-related behavioral self-management and problem solving skills
Risk Behaviors the Intervention Focuses on	Unprotected sexual intercourse
Factors Influencing Behaviors (FIBs)/ Behavioral Determinants	<ul style="list-style-type: none"> • Mental illness • Relationship development • Social support • Drug use and addiction • Interpersonal power dynamics: coercion, sex for drugs • Environmental barriers or facilitators • Social inequalities
Other Theoretical Factors of Importance	None
Core Elements	<ul style="list-style-type: none"> • Two experienced HIV risk reduction group leaders who are the same sex as the group facilitate the intervention. • Using the film "AIDS: What Everyone Needs to Know", presentations, and discussion • Identifying personal cues or triggers that lead to sexual risk-producing situations • Demonstrating and practicing proper condom use • Role-playing effective responses to potentially risk-producing problems

	<ul style="list-style-type: none"> • Modeling of negotiated safer sexual activities by group leader and the practicing of activities by participants • Implementing one or more steps toward personally identified behavior goals by participants
Setting	Psychiatric clinic
Duration	Four weekly 90-minute sessions
Provides Opportunities to Practice Relevant Skills	<ul style="list-style-type: none"> • Condom use skills • Negotiating safer sexual activities
Type of Intervention	GLI

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Name of Intervention	<i>Effects of AIDS Counseling and Risk Reduction Training on the Chronic Mentally Ill</i>
Based on Behavioral and Social Science Theory(ies)	Unknown
Brief Summary of Intervention	<p>Chronic mentally ill psychiatric outpatients are instructed on the modes of HIV transmission, high-risk behavior, and the importance of condom usage. They also receive problem-solving training and refusal skills to cope with high-risk sexual, drug, and alcohol situations. Education and training is provided in four 2-hour group sessions over 4 days.</p> <p><i>Session 1</i> covers the nature of HIV/AIDS, the modes of transmission, and the proper use of condoms.</p> <p><i>Session 2</i> focuses on the relationship between alcohol, drug use, and the risk of becoming infected.</p> <p><i>Session 3</i> focuses on role-play rehearsals of ways to resist pressures.</p> <p><i>Session 4</i> uses role-play and rehearsal techniques to help clients cope with high-risk situations.</p> <p>Participants showed significant improvement in their knowledge about AIDS, their confidence to deal with high-risk situations, and their ability to recognize and cope with these situations.</p>
Clearly Defined Audience (Groups the intervention was used with)	Male and female chronic mentally ill adults in an inner- city area
Goals and Objectives of Intervention	<p><i>Goal:</i> To educate and help the chronic mentally ill reduce high-risk behavior associated with sexual, drug, and alcohol situations</p> <p><i>Objectives:</i></p> <ul style="list-style-type: none"> • To increase knowledge about HIV and AIDS • To provide problem-solving training and refusal skills • To increase confidence to deal with high-risk situations through self-efficacy building skills
Risk Behaviors the Intervention Focuses on	Unprotected sex associated with high-risk sexual and drug/alcohol situations

Factors Influencing Behaviors (FIBs)/ Behavioral Determinants	<ul style="list-style-type: none"> • Perceived susceptibility • Misconceptions • Self-efficacy • Sexual arousal • Communication and negotiation skills • Mental illness
Other Theoretical Factors of Importance	None
Core Elements	<ul style="list-style-type: none"> • An educational component about HIV/AIDS, modes of transmission, condom usage, and the relationship between alcohol/drug use and the risk of becoming infected • Refusals skills training with role-play rehearsals of ways to resist pressures • Problem-solving skills training with role-play rehearsals to help clients cope with high-risk situations
Setting	Drop-in socialization center for psychiatric outpatients
Duration	Four 2-hr. sessions on consecutive days
Provides Opportunities to Practice Relevant Skills	<ul style="list-style-type: none"> • Condom-use skills • Role-play activities • Rehearsal techniques
Type of Intervention	GLI (10-15 participants)

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Name of Intervention	<i>Sex, Games and Videotape (SexG): Sexual Risk Reduction for Homeless Men with Severe Mental Illness</i>
Based on Behavioral and Social Science Theory(ies)	Social Learning Theory
Brief Summary of Intervention	<p>This intervention involves modeling of the social, physical and decision-making skills necessary for consistent condom use. These skills are practiced, videotaped, and practiced again following feedback. Storytelling, competitive games, and role-playing scenes from the lives of participants are also used.</p> <p><i>Sessions 1 and 2:</i> A “dictionary” of commonly used words is established; popular misconceptions about HIV are discussed; education about the connection between STDs and HIV is presented; correct condom use is taught.</p> <p><i>Sessions 3 to 6:</i> Includes discussions of issues around sex with casual partners, female commercial sex workers, and eroticizing and improving spontaneity around condom use.</p> <p><i>Session 7 to 10:</i> Covers relationship and sexuality issues around “special” or steady partners, including partners with whom participants have a casual sexual relationship; addresses misconceptions about HIV transmission with these partners; offers skills development around emotional responses to discussing condom use.</p> <p><i>Sessions 11 to 14:</i> Focuses on anal sex with men and women, including why it is a high-risk behavior, same-sex intimacy, and alternatives to unprotected anal sex.</p> <p><i>Session 15:</i> “Graduation”; participants are given identification cards as “HIV prevention specialists”; there is reinforcement of what’s been learned in previous sessions and empowerment of the men to act as “helpers” with peers.</p>

	Among persons in the intervention group, there were reductions in unprotected intercourse and sexual risk in general and increases in condom use.
Clearly Defined Audience (Groups the intervention was used with)	Homeless men, primarily African American and Latino, with history of chronic mental illness who engage in high-risk sexual behaviors
Goals and Objectives of Intervention	<i>Goal:</i> Reduce sexual risk in mentally ill homeless men <i>Objectives:</i> <ul style="list-style-type: none"> • Decrease the frequency of unprotected sexual encounters with casual and occasional partners • Increase condom use
Risk Behaviors the Intervention Focuses on	<ul style="list-style-type: none"> • Unprotected sex • Multiple partners
Factors Influencing Behaviors (FIBs)/ Behavioral Determinants	<ul style="list-style-type: none"> • Mental illness • Sexual arousal • Communication and negotiation
Other Theoretical Factors of Importance	Social skills training
Core Elements	<ul style="list-style-type: none"> • Risk reduction education • Risk behavior self management • Condom use skills • Communication and problem solving skills • Focus on dealing with risk from casual sex contacts
Setting	Outreach clinic, men's shelter
Duration	15 sessions over 8 weeks (length of sessions not indicated)
Provides Opportunities to Practice Relevant Skills	<ul style="list-style-type: none"> • Practice condom use skills • Communication and problem solving skills
Type of Intervention	GLI

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Name of Intervention	<i>Assertiveness Skills Development for Women with Severe and Persistent Mental Illness</i>
Based on Behavioral and Social Science Theory(ies)	Social Learning Theory
Brief Summary of Intervention	<p>This is an intensive 10-session small group intervention designed to increase knowledge, risk reduction skills, and communication and assertiveness skills in order to enable clients to discuss risk behaviors with partners and take preventive action.</p> <p><i>Session 1 through 3:</i> Focuses on HIV-related information and motivation for reduction in risk behaviors, including transmission, risk behaviors, condom use and effectiveness, HIV testing; motivational strategies to enhance awareness of personal risk with each participant receiving a risk summary based on participants' self-report of risky behavior prior to intervention.</p> <p><i>Sessions 4 through 7:</i> Offers skills development and fluency building through modeling by facilitators of simulated interactions; participants practice skills and receive feedback.</p> <p><i>Sessions 8 through 10:</i> A generalization of skills learned in sessions to actual sexual interactions.</p> <p><i>Session 10:</i> A review and clarification of unanswered questions; completion of treatment acceptability questionnaire and scheduling of subsequent assessments.</p> <p>Women in the intervention increased assertiveness skills, HIV knowledge and frequency of condom protected sex compared with the control group.</p>
Clearly Defined Audience (Groups the intervention was used with)	Mentally impaired outpatients who engage in self-reported high risk behavior

Goals and Objectives of Intervention	<p><i>Goal:</i> To increase assertiveness in clients for negotiating risk reduction activities with sexual partners</p> <p><i>Objectives:</i></p> <ul style="list-style-type: none"> • To increase sexual assertiveness skills • To increase HIV-related knowledge • To increase HIV-related perceived risk • To lower risk behavior intentions • To increase condom use • To decrease the frequency of unprotected sex.
Risk Behaviors the Intervention Focuses on	Unprotected sex
Factors Influencing Behaviors (FIBs)/ Behavioral Determinants	<ul style="list-style-type: none"> • Intentions • Interpersonal dynamics • Self-efficacy
Other Theoretical Factors of Importance	Behavioral therapy techniques
Core Elements	<ul style="list-style-type: none"> • Informational content including transmission rates, risk behaviors, condom use and effectiveness, HIV infection and antibody testing • Motivational content designed to enhance awareness of personal risk for HIV infection • Assertiveness skills-building and application of theoretical scenarios to actual sexual situations with multiple practice sessions and feedback on responses
Setting	Clinic or classroom
Duration	Ten 75 min sessions (daily for 2 weeks)

Provides Opportunities to Practice Relevant Skills	<ul style="list-style-type: none"> • Condom use skills • Negotiation and refusal skills
Type of Intervention	GLI

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Name of Intervention	<i>HIV Risk Reduction for Seriously Mentally Ill Individuals</i>
Based on Behavioral and Social Science Theory(ies)	Information-Motivation-Behavioral Skills Model of HIV Preventive Behavior ¹
Brief Summary of Intervention	<p>This intervention is designed for outpatients who suffer severe or ongoing mental impairment. The intervention is designed to provide information on transmission routes for HIV, comfort in using sexual language during communication, dispelling myths, addressing perception of risks, communication and condom use skills. Sessions are performed in uniform-sex groups.</p> <p><i>Session 1:</i> introduction of participants and co-facilitators, discussion of goals and group rules; building comfort with sexual words.</p> <p><i>Session 2:</i> Explanation of HIV modes of transmission and clarification of myths.</p> <p><i>Session 3:</i> Discussion of participants' perception of the threat of infection; risk assessment of behaviors proposed by partners; the importance of screening of sexual partners.</p> <p><i>Session 4:</i> Explanation of role of condoms and dental dams in prevention; demonstration of proper condom use.</p> <p><i>Session 5:</i> Identification of high-risk situation and discussion of reasons for engaging in risky behavior; condom-use negotiation role-play.</p> <p><i>Session 6:</i> Continuation of condom use negotiation role-play.</p> <p>After the intervention, the participants exhibited a heightened awareness of HIV-related knowledge, an increase in condom use efficacy, increased communication skills, and a reduction in risk behaviors.</p>
Clearly Defined Audience (Groups the intervention was used with)	Outpatients of psychiatric hospitals and clinics in gender-specific groups
Goals and Objectives of Intervention	<p>Goal: To assist seriously mentally ill men and women to lower their risk for HIV infection.</p> <p>Objectives:</p> <ul style="list-style-type: none"> To increase knowledge about HIV transmission rates, disease progression, and prevention options

	<ul style="list-style-type: none"> • To increase positive attitudes toward prevention behavior including addressing embarrassment about condom negotiation and purchasing condoms, reliability of condoms and the stigma of condom use • To increase refusal skills, provide linkage to risk and refusal situations, knowledge of alternative or lower-risk behaviors • To increase skills in assertiveness, and correct condom use
Risk Behaviors the Intervention Focuses on	<ul style="list-style-type: none"> • Unprotected sex • Multiple sex partners • High risk partners • Anonymous sexual partners • Use of alcohol and drugs before sex
Factors Influencing Behaviors (FIBs)/ Behavioral Determinants	<ul style="list-style-type: none"> • Perceived susceptibility • Perceived severity • Problem hierarchy • Intentions • Self-efficacy • Mental illness • Substance use • Communication and negotiation • Misconceptions about HIV risk behaviors
Other Theoretical Factors of Importance	None
Core Elements	<ul style="list-style-type: none"> • Communication skills including comfort with sexual words and negotiation under the influence. • Addressing myths about HIV through explanation and clarification of HIV transmission routes • Improving risk appraisal of self and partners • Importance and proper use of condoms and dental dams • Condom use negotiation through role plays • Identification of and developing strategies around high-risk situations
Setting	Outpatient community center
Duration	6 x 1 hr sessions (2 sessions per week for 3 weeks)

Provides Opportunities to Practice Relevant Skills	Participants role-play negotiation for condom use
Type of Intervention	GLI

¹ Based on belief that information and motivation work through and have effects on preventive behavior limited by behavioral skills. Found in Fisher, JD and WA Fisher. (1992). Changing AIDS risk behavior. *Psychol. Bull.*, 111, 455-74.

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Incarcerated Populations

Name of Intervention	<i>Reducing Post-Release HIV Risk Among Male Prison Inmates</i>
Based on Behavioral and Social Science Theory(ies)	Unknown
Brief Summary of Intervention	<p>Male prison inmates participate in an HIV prevention intervention within 2 weeks prior to their release. Participants attend a 30-minute session with an HIV (+) peer educator to assess their risk to acquire or transmit HIV and to develop a risk-reduction plan. Peer educators have previous experience in delivering HIV prevention programs and conducting HIV education classes in prison. They receive additional training in the specific procedures for this intervention. In the 2 weeks prior to their release, participants complete a face-to-face baseline survey including extensive information about past and intended sexual and drug-related HIV risk behavior. Baseline data includes information related to relationship status, HIV testing history of the participant and his partner(s), and intended condom use and sexual and drug-using behavior after release. The inmate peer educator and participant devise a risk-reduction plan. Participants receive referrals for HIV testing, needle exchange, substance treatment, and other services in their community.</p> <p>Follow-up interviews by telephone were conducted on average 17 days after release. Participants in this study were twice as likely to use a condom the first time they had any kind of sex after release from prison as their counterparts who did not receive the intervention. Participants were also less likely to have used drugs, injected drugs, or shared a needle during the first 2 weeks after release.</p>
Clearly Defined Audience (Groups the intervention was used with)	<ul style="list-style-type: none"> • Male prison inmates • Heterosexual (98%) • IDUs (48%) • African-American (51%) and White (39%)

Goals and Objectives of Intervention	<i>Goal:</i> To reduce post-release risk to acquire or transmit HIV <i>Objectives:</i> <ul style="list-style-type: none"> • To increase awareness of personal risk • To offer a post-release risk-reduction plan
Risk Behaviors the Intervention Focuses on	<ul style="list-style-type: none"> • Sex without condoms • Sharing needles
Factors Influencing Behaviors (FIBs)/ Behavioral Determinants	<ul style="list-style-type: none"> • Perceived susceptibility • Environmental facilitators (access to clean works) • Group norms • Substance abuse • Intentions
Other Theoretical Factors of Importance	None
Core Elements	<ul style="list-style-type: none"> • HIV (+) peer educators in prison • Risk assessment and a risk-reduction plan • Referral to HIV testing, needle exchange, substance treatment, and other services
Setting	State prison
Duration	1 30-minute intervention session
Provides Opportunities to Practice Relevant Skills	HIV(+) peer educators and participants develop risk- reduction plan
Type of Intervention	ILI

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